

NEW CLIENT PACKET

New Client Form

Client Information

Client Name: _____

Email: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Other Number(s): _____

Address: _____

Emergency Contact Information

Emergency Contact's Name: _____

Relationship to you: _____

Phone Number: _____

Name and Number of person/neighbor who has access to your house or a spare key:

Veterinarian Information

Hospital Name: _____

Veterinarian's Name: _____

Phone Number: _____

Address: _____

Name under which your pet is listed at vet: _____

POLICIES

THANK YOU FOR CHOOSING US TO CARE FOR YOUR PETS.

Here are a few important things to know about our business policies:

All animals must be vaccinated (please note any exceptions) and have had flea/tick preventative applied on a 4-6 week schedule.

We charge 1.5x our regular rate on Holidays

We take a \$100 non-refundable deposit to reserve your overnight or boarding care. If you cancel your overnight or boarding care any less than 3 days before your scheduled pet service, you are responsible for paying half of the entire fee.

We ask that you give us 24 hours notice if canceling or rescheduling a pet care visit, otherwise payment is due in full.

We ask that you give us 2 weeks notice or payment when canceling all future regularly scheduled dog walks or pet visits. (This only pertains to clients whose animals we care for on a consistent schedule.)

We pick up 2 sets of keys on our first meet and greet appointment and keep them safely and securely stored; any key pick up or drop off thereafter is a \$15 fee.

If you call us with less than 2 days to prepare before you leave, we will charge you \$20 for the initial Meet and Greet visit, which is usually provided as a free service. We need time to arrange pet sitters and the initial visit before caring for your pets. Without adequate time, we may need to rearrange our schedules to accommodate your needs. We hope you understand.

We won't walk dogs in extreme heat or rain as it is unsafe for the health of your dog. Instead we will visit your dog in your home and give him/her lots of attention (brushing, playing with toys, and basic obedience training). Another option is to reschedule the walk.

We also hope you understand that we will do everything in our power to keep your animals safe when they are in our care; however we live among rattlesnakes, coyotes, ticks, and foxtails (the latter two being the most common). We promise to do our best to keep your pets away from all of the above, but sometimes nature is out of our hands. If your animal does come into contact with any of these things and if the animal has to be taken to the veterinarian, the treatment is your responsibility.

We are a family business employing relatives, friends, and veterinary technicians. We make every effort to be consistent in assigning you the same pet sitter; if there are scheduling conflicts, then either Aimee O'Brien (owner), or one of our qualified sitters will be back-up. All of us are Licensed, Insured and Bonded.

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GRATUITIES ARE APPRECIATED FOR OUTSTANDING SERVICE!!

If you feel your pet sitter did a super job, you may include a tip in your final payment or leave cash or check just for them. Any payment received over the billed amount will be forwarded in full to your pet sitter, unless otherwise noted.

CLIENT NAME (print)

SIGNATURE

DATE

Medical Treatment Release

I, _____, release representatives of O'Brien Family Pet Care, including but not limited to Aimee O'Brien and Rory O'Brien, to make decisions for the medical treatment and care of my pet(s):

if I am unable to be contacted in person or by phone and if my emergency contact person is unable to be reached. Furthermore, O'Brien Family Pet Care representatives have my permission to use the payment method below to cover all expenses accrued; this includes but is not limited to emergency and non-emergency care, surgery, and medications.

Credit Card Information

(used in case of a medical emergency)

Name as it appears on card: _____

Card Number: _____

SUV Code on back of card: _____

Expiration Date: _____

Type of Card (visa, mastercard, etc): _____

Signature: _____

Date: _____